

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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Date Received:

05/07/2020

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10459
2. Name of Operator: EXTRACTION OIL & GAS INC
3. Address: 370 17TH STREET SUITE 5300
City: DENVER State: CO Zip: 80202
4. Contact Name: Elaine Winick
Phone: (970) 576-3461
Fax: (970) 534-6001
Email: ewinick@extractionog.com

5. API Number 05-014-20754-00
6. County: BROOMFIELD
7. Well Name: Livingston
Well Number: S19-25-8C
8. Location: QtrQtr: NWSE Section: 7 Township: 1S Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/03/2019 End Date: 12/18/2019 Date of First Production this formation: 04/17/2020

Perforations Top: 10265 Bottom: 14814 No. Holes: 60 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Perforated Intervals: 10265'-10328'; 14392'-14814'.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/03/2019 End Date: 12/18/2019 Date of First Production this formation: 04/17/2020

Perforations Top: 8756 Bottom: 20740 No. Holes: 1203 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole: ☐

Perforated Intervals: 8756'-9346'; 9812'-10243'; 10352'-13472'; 13803'-14369'; 14834'-16431'; 16639'-18702'; 18811'-19377'; 19475'-19476'; 19585'-20740'.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/03/2019 End Date: 12/18/2019 Date of First Production this formation: 04/17/2020

Perforations Top: 9419 Bottom: 21146 No. Holes: 172 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole: ☐

Perforated Intervals: 9419'-9788'; 13495'-13779'; 16451'-16615'; 18726'-18777'; 19405'-19451'; 19500'-19546'; 20764'-21146'.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/03/2019 End Date: 12/18/2019 Date of First Production this formation: 04/17/2020

Perforations Top: 9370 Bottom: 9395 No. Holes: 6 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole: ☐

Perforated Interval: 9370'-9395'.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-FORT HAYS-CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/03/2019 End Date: 12/18/2019 Date of First Production this formation: 04/17/2020
Perforations Top: 8756 Bottom: 21146 No. Holes: 1441 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole: ☐

Frac'd Niobrara-Fort Hays-Codell-Carlile with a 49-stage plug-and-perf;
183862 total bbls fluid pumped: 165146 bbls gelled fluid and 18716 bbls fresh water (no acid);
9187895 total lbs proppant pumped: all 30/50 mesh sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 183862

Max pressure during treatment (psi): 8413

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.80

Total acid used in treatment (bbl):

Number of staged intervals: 49

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 17059

Fresh water used in treatment (bbl): 18716

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9187895

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/27/2020 Hours: 24 Bbl oil: 583 Mcf Gas: 1584 Bbl H2O: 326
Calculated 24 hour rate: Bbl oil: 583 Mcf Gas: 1584 Bbl H2O: 326 GOR: 2717
Test Method: flowing Casing PSI: 3040 Tubing PSI: 2641 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1390 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8723 Tbg setting date: 03/20/2020 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

TPZ: 2385 FSL & 2456 FEL

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Elaine Winick

Title: Completions Tech Date: 5/7/2020 Email: ewinick@extractionog.com

Attachment Check List

Att Doc Num	Name
402263412	FORM 5A SUBMITTED
402386638	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)